

**PRIVATELY OWNED CERVIDAE FACILITY
RENEWAL REGISTRATION AND BUSINESS PLAN****APPLICATION**

Issued under the authority of Executive Order No. 2004-3 and Act 190 of P.A. 2000.
Failure to comply with the requirements of Act 190 may result in fines, imprisonment, or both.

NOTE: Application must be legible and completed in its entirety to be processed.

RENEWAL OF HERD NO. _____		REGISTRATION CLASS	REGISTRATION FEE
		<input type="checkbox"/> CLASS I (HOBBY)	\$450
		<input type="checkbox"/> CLASS II (EXHIBITION)	\$450
		<input type="checkbox"/> CLASS III (RANCH)	\$750
		<input type="checkbox"/> CLASS IV (FULL REGISTRATION)	\$750

Applicant Full Name		Business/Facility Name	
Mailing Address		Facility Address	
City, State, ZIP		City, State, ZIP	
Telephone ()	E-Mail Address (Optional)	Business Telephone ()	Business FAX ()
Size of Property Enclosed Acres**	County	Township	Section(s)

***If the facility has been modified (expanded or reduced) since the previous application, attach a copy of the deed or other appropriate documentation showing the legal description and a diagram showing the measurements.*

Existing Cervidae Species

<input type="checkbox"/> White-tailed Deer # _____	<input type="checkbox"/> Fallow Deer # _____	<input type="checkbox"/> Sika Deer # _____	<input type="checkbox"/> Elk # _____
<input type="checkbox"/> Reindeer # _____	<input type="checkbox"/> Red Deer # _____	<input type="checkbox"/> Other (specify) _____	# _____

Existing Method of Fencing

Height	<input type="checkbox"/> 4 ½ Foot	<input type="checkbox"/> 8 Foot	<input type="checkbox"/> 10 Foot	<input type="checkbox"/> Other (specify) _____
Type	<input type="checkbox"/> Woven Wire	<input type="checkbox"/> Chain Link	<input type="checkbox"/> Other (specify) _____	

Disease Herd Plan (See MDA Insert) ☐ TB Accredited ☐ No Accreditation ☐ CWD Certified ☐ No Certification

Do you wish to have your facility name and contact information given to the public by the Department? ☐ Yes ☐ No

I certify that the information contained in this application and all attachments are true and correct to the best of my knowledge.

Applicant Signature _____

Date _____

Make check or money order payable to "**State of Michigan.**"
Return application with appropriate registration fee to:

**CASHIER
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30451
LANSING MI 48909-7951**

**** FOR DNR CASHIER'S USE ONLY - DO NOT WRITE BELOW ****



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RENEWAL REGISTRATION APPLICATION AND BUSINESS PLAN**

INSTRUCTIONS

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A renewal application is completed when a facility is currently registered, and the registration is expiring. Registrations expire three (3) years from the date of issuance. Applications must be submitted 60 days prior to the expiration of current registration.

Herd Number: The eight-digit number assigned to the facility and Cervidae herd. The herd number must be written on the application.

Fee: Enclose a check or money order payable to the "State of Michigan" for the appropriate amount, as indicated below.

Registration Class: Indicate the appropriate registration class for the intended purpose of the facility. See Operational Standards for Registered Privately Owned Cervidae Facilities, December 2005, for additional facility class descriptions.

- Class I (Hobby) – Renewals only - Cervidae are pets only; no live Cervidae are allowed to leave premises - \$450
- Class II (Exhibition) – Cervidae are shown live for exhibition purposes only - \$450
- Class III (Ranch) – Hunting preserves or ranches, no live Cervidae are allowed to leave premises - \$750
- Class IV (Full Registration) – Breeding, buying, selling, and movement of live Cervidae - \$750

NOTE: For Classes I, II, and IV, all animals must be tagged with two forms of identification. See the enclosed Michigan Department of Agriculture (MDA) information *Cervid Identification Options*.

Legal Description of Property: Refers to the full description commonly found on deeds or title insurance documents (e.g., North ½ of south ½ of southwest ¼ of northwest ¼ of section 16 township 5 north range 2 west Clinton County, Michigan).

Cervidae Species: Indicate all species currently held and the population goal numbers for each species.

Method of Fencing: Indicate the existing height and type of fencing.

Disease Herd Plan: A disease herd plan is required. See the enclosed MDA information *Disease Herd Plan Options*.

Signature: Sign and date the application. Your signature certifies that you are aware of and will abide by:

- [registration requirements as described within Act 190, Public Acts of 2000;](http://www.legislature.mi.gov)
<http://www.legislature.mi.gov>
- [Executive Order No. 2004-3;](http://www.michigan.gov/gov/)
<http://www.michigan.gov/gov/> and
- [Operational Standards For Registered Privately Owned Cervidae Facilities, December 2005.](http://www.michigan.gov/dnr)
<http://www.michigan.gov/dnr>, select Wildlife & Habitat, then select Privately-owned Cervidae

Submit Application: Mail the application with your check or money order to the Michigan DNR Cashier at the address on the front of the application.

Questions? Contact: **Wildlife Special Projects Coordinator** **517 373-1263**
Wildlife Division
Michigan Department of Natural Resources
PO Box 30444
Lansing, Michigan 48909-7944